

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

107019452

FILING DATE

10.19.01

APPLICANT(S)

111.05 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1		1				
2						
3			1			
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
11			1			
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49						
50						
TOTAL IND.			1		1	
TOTAL DER.			21		21	
TOTAL CLAIMS			22		22	

*	IND.	DER.	*	IND.	DER.	*	IND.	DER.
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100								
TOTAL IND.								
TOTAL DER.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS